| 3 | | | | | | | | | | | | | ı | Patier |
|--|------------------------|--------------|----------------|------------------------------------|---|---------------------------------|---------|----------------------|----------------|-------------------------------|--------|------------|--------------|----------------|
| Sign Out Edit View Format Chat/Help | | | | tinue | | 2 | | Chart Details | | Sprague, D | avid S | | 44 | |
| Behavioral Health EHR | | | lilide | | Photo | | | | Patient's Name | | | | | |
| Demog | raphics | | | | | | | Go to E-P | rescribe | J | | DOB 7/13/1 | | |
| | | | | | | hylactic Reaction Reported | | | 1 | Patient Reviewed Demographics | | | | |
| Patient Information | | | | | | Insurance Information | | | Other Contacts | | | | | |
| | ie (F,M,L,Suffix) | David | S | Sprague | е | | | *Date of Birth | 7/13/198 | 2 Age: | 41 | *Date o | f Entry 4/20 | 0/2023 |
| Homeless Red Address | | | | | | | U | Inique Patient ID | 44 | | | Dodfielde | | |
| Sample | ess Addr 2 / Appt # | | Cou | | | | Q | *Gender | man | | ✓ more | *Sex: M | Kea field | l fields are i |
| Chart | City, State, Zip | | | | | R | | Refer to patient as | David | | _ | | | |
| Best Phone O Home | Home Phone | | C | ountry US | _ | | | SSN# | 585-43-5 | 347 | | | Extra Pri | ivacy |
| ○ Work | | (505)408-569 | 96 | | | Other Nam | es | Alt. Patient ID | | | Room: | | MAR | API/ |
| O Cell | Work Phone | | ext | t | | Previous Add | ress | | | | | | | |
| Patient Status O Active O Inactive Email 2 | | | | | - (| Patient's Cond | lition | | | | | | | |
| | | | | | 4 | | | | | - · · | | | | - |
| O Pending Portal | | | | | Date Of Current Illness Onset Date Of Similar Illness | | | | | | | | | |
| API | | | | Date of Current Admission: From To | | | | | | | | | | |
| Appt Reminders via: Email Text Message Phone Message | | | | | | | | Adm | itting DX | | | | | |
| _ | loyment Status | | | ▼ | | | | | | | | | | |
| 30100 | ol or Employer | | l _v | | | Dates Unable To Work: From To | | | | | | | | |
| Grade Marital Status | | Birth | | | | | | Condition Related | To Employr | ment? Yes | ● No | | | |
| Sexual Orientation | | | Multiple Birth | | | | | Condition Related T | | | | State Of | Accident | |
| *Ethnicity | | | | | | | | Condition Related To | Other Acci | dent? Yes | ● No | | | |
| | | | | | | In trea | tment I | Previously? | ON | fyes, where? | | | | |
| Ethnicity 2 Religion | | | | | | Date Of Death Preliminary Cause | | | | | | | | |
| A | | | lu lu | | | | | | _ | | | | | |
| Annual Hous | sehold Income | | | | | | | | | | | | | |
| | Family Size | | | | | | Rele | ase of Info o | n File 📤 | | | | | |
| | | OY ON | | A | of Inf | 0 (4/2/2023) | | | ~ | | | | | |
| | *Race | | Patie | | | nt Miscellaneous | | | | | | | | |
| Race 2 | | Caler | | | | | Notes | | | | | | | |
| *Preferred Language Disability | | | lacksquare | | Note | е | | | | | | | | |
| | | | | 1 | | | | | | | | | tom Fields | |

1 of 1 7/30/23, 6:11 PM